

**APPLICATION FOR
FEDERAL ASSISTANCE**

2. DATE SUBMITTED: August 9, 2010	Applicant Identifier:
3. DATE RECEIVED BY STATE:	State Application Identifier:
4. DATE RECEIVED BY FEDERAL AGENCY: 8/12/10	Federal Identifier: LM-20337-11-75-J-37

1. TYPE OF SUBMISSION:

<u>Application</u>	<u>Preapplication</u>
<input type="checkbox"/> Construction	<input type="checkbox"/> Construction
<input checked="" type="checkbox"/> Non-Construction	<input type="checkbox"/> Non-Construction

5. APPLICANT INFORMATION

Legal Name: Employment Security Commission of NC	Organizational Unit Department: Labor Market Information Division
Organizational DUNS: 792516411	Division:

Address (give city, county, state and zip code): PO Box 25903 700 Wade Avenue Raleigh, North Carolina USA 27611-5903	Name and telephone number of person to be contacted on matters involving this application (give area code): Dr. Elizabeth McGrath, Director, LMI betty.mcgrath@ncesc.gov
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6. EMPLOYER IDENTIFICATION NUMBER (EIN):

[REDACTED]

Phone Number: (919) 733-2936	Fax Number: (919) 733-8662
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8. TYPE OF APPLICATION:

New Continuation Revision

If Revision, enter appropriate letter(s) in box(es)

Other (specify): _____

7. TYPE OF APPLICANT (see instruction page for types):
A. State

Other (specify): _____

9. NAME OF FEDERAL AGENCY:
Department of Labor

10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER:
1 7 . 0 0 2

TITLE: **Labor Force Statistics**

11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECTS:
LMI - The applicant will provide statistical data to the BLS for the following programs: CES, LAUS, OES, QCEW, and MLS.

12. AREA AFFECTED BY PROJECT (cities, counties, state, etc.):
North Carolina

13. PROPOSED PROJECT:

Start Date: 10/01/10	End Date: 09/30/11
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14. CONGRESSIONAL DISTRICTS OF:

a. Applicant NC - 13	b. Project 0 - Statewide
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15. ESTIMATED FUNDING

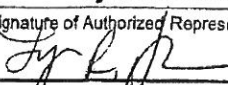
a. Federal	\$	1,964,315
b. Applicant	\$	-
c. State	\$	-
d. Local	\$	-
e. Other	\$	-
f. Program Income	\$	-
g. TOTAL	\$	1,964,315

16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?

a. YES. THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON:
DATE _____

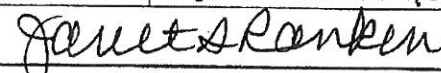
b. NO. PROGRAM IS NOT COVERED BY E. O. 12372
 OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW

18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT, THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.

a. Type Name of Authorized Representative Lynn R. Holmes	b. Title Chairman	c. Telephone Number (919) 733-7546
d. Signature of Authorized Representative 		e. Date Signed August 9, 2010

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Standard Form 424 (Rev. 09-2003)
Prescribed by OMB Circular A-102

19 a. Typed Name of BLS Grant Officer Janet S. Rankin	b. Title Regional Commissioner, USDOL-BLS	c. Telephone Number (404) 893-8300
d. Signature of BLS Grant Officer 		e. Date Signed 8-23-10